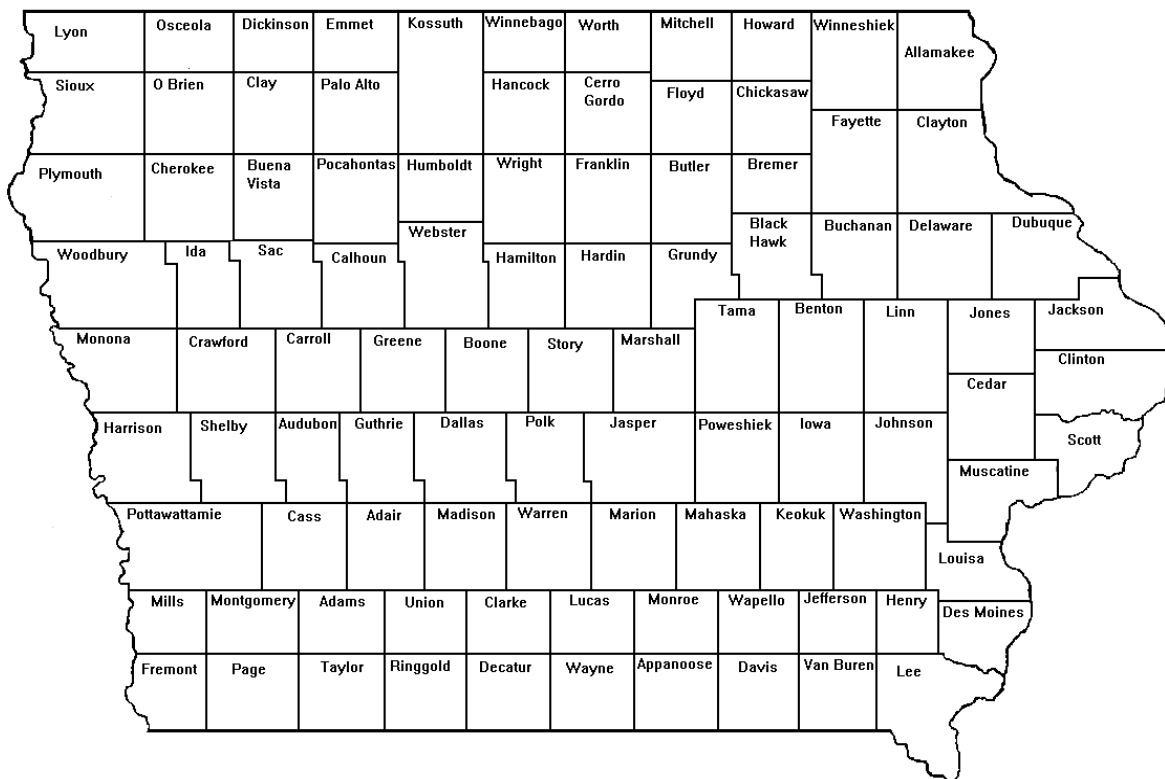


Medicare Advantage & Other Health Plans in Iowa 2014



LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIIP
Iowa Insurance Division
Two Ruan Center
601 Locust - 4th Floor
Des Moines, IA 50309-3738

1-800-351-4664
(TTY 1-800-735-2942)
www.therightcalliowa.gov

Table of Contents

Medicare Advantage Basics	4
Decide How to Get Your Medicare	8
Guide to Medicare Advantage Plan Chart.....	9
Medicare Advantage Plans in Iowa.....	10-12
HMO	13
AARP Medicare Complete HMO	13-14
Coventry Advantra HMO	15
Coventry Total Care HMO.....	15-16
Guide Rx HMO.....	16
Humana Gold Plus.....	17-18
Meridian Prime HMO	18
Senior Preferred HMO	19-20
Cost Plans	21
MAHP Smart Plan	21
MAHP Medicare Community Plan	21
MAHP Freedom Plan	21
PPO	22
Care Improvement Plus PPO	22
Coventry Advantra PPO.....	23
Coventry Total Care PPO.....	23-24
Humana Choice PPO.....	25-27
Today's Options PPO.....	27
PFFS.....	28
Humana Gold PFFS	29
UnitedHealthcare Medicare Direct PFFS	30
Today's Options Premier PFFS	31-32
Special Needs Plan.....	33
Care Improvement Plus.....	34
Meridian Health Plan	35
Comparison Tool.....	36

SHIIP – The Senior Health Insurance Information Program is part of the national network of state health insurance assistance programs. SHIIP is dedicated to providing information and assistance with questions about Medicare, Medicare supplement insurance, long-term care insurance, claims and other related health insurance. Trained SHIIP volunteer counselors are available across the state to provide free, confidential and objective one-to-one assistance.

Medicare Advantage Basics

Since Medicare was created in 1965, most Iowans have received their Medicare Part A and Medicare Part B health benefits through the Original Fee-For-Service system.

In 1997, Congress passed the Balance Budget Act, which created Medicare+Choice plans. The purpose was to give people on Medicare other options for receiving their Medicare Part A and Part B benefits. Today these choices are called Medicare Advantage plans (sometimes referred to as Medicare Part C). This booklet contains basic information to help you understand the Medicare Advantage choices in Iowa.

Currently, Medicare Advantage plan options are available in 96 Iowa counties. Original fee-for service Medicare also continues to be a choice in all areas. No matter which option you choose, you are still in the Medicare program. Understanding the options available will help you to make an informed decision. The Senior Health Insurance Information Program (SHIIP) has prepared this guide to help you understand these plans.

Medicare Advantage Plans...Another Way to Get Your Medicare Benefits

You are eligible to join a Medicare Advantage plan if you have Medicare Part A **and** Part B and you live in the plan's service area (e.g. counties where the plan is approved to be offered). Included are people on Medicare because of disability. People with permanent kidney failure are not eligible to join. Some plans charge a monthly premium, others charge no premium. You must continue to pay the Medicare Part B premium in either case. You usually will have to pay some other costs (such as co-payments or coinsurance) for the services you get. These plans cover all the services Original Medicare covers and Medicare Advantage plans may add extra benefits such as coverage for vision, hearing, dental and wellness programs. Most of the plans include Medicare prescription drug coverage (Part D).

Each Medicare Advantage plan sold in Iowa has an **annual contract** with Medicare. Medicare pays a set amount of money each month to these private health plans to manage your Part A and Part B benefits. Each year the contract with Medicare may or may not be renewed. Plan benefits and costs can change from year to year.

You **don't need Medicare supplement insurance** when you are enrolled in a Medicare Advantage plan. Supplemental insurance will only pay benefits when you are enrolled in Original Medicare. Employer plans may supplement Medicare Advantage plans. If you want to cancel your Medicare supplement you will need to contact your insurance company. It cannot be done by the Medicare Advantage plan.

Enrollment or Disenrollment

There are specific times during the year when you can enroll, disenroll or change Medicare Advantage plans.

- ◆ **First become eligible for Medicare Part B** - You can join the three months before, the month your Part B is effective or the three months after. If you get Medicare due to disability, you can join three months before to three months after your Medicare Part B is effective.
- ◆ **January 1, to February 14** – You can **disenroll** from a Medicare Advantage plan and return to Original Medicare. Regardless of whether your Medicare Advantage plan included Part D drug coverage you may request enrollment in a prescription drug plan at this time.
- ◆ **After February 14, 2014** – You will not be able to disenroll from a Medicare Advantage plan until October 15, 2014 to December 7, 2014.
- ◆ **October 15, 2013 to December 7, 2013** - You can **join, switch or disenroll** from a Medicare Advantage plan. You can add or drop drug coverage. Your new coverage will be effective January 1, 2014.
- ◆ **Special Enrollment Periods** - In certain situations, such as a change in residence, you would be eligible for a Special Enrollment Period (SEP) to disenroll, join or switch to a different plan. Call SHIP at 1-800-351-4664 for information about other Special Enrollment Periods.
- ◆ **5-Star Special Enrollment** – You can enroll in a 5-star Medicare Advantage plan once from December 8, 2013 to November 30, 2014. If you are currently enrolled in a Medicare Advantage plan with a 5-star overall rating, you may switch to a different plan with a 5-star overall rating. You can find the plan ratings on the Medicare Plan Finder at www.medicare.gov
- ◆ **Non-Renewal** – If your Medicare Advantage plan does not renew its annual contract with Medicare you will be able to change to a different plan or return to Original Medicare. If you return to Original Medicare you must be allowed to enroll in a Medicare supplement plan A, B, C, F, K or L (including Medicare Select or High Deductible choices).
- ◆ **Exceptions:**
 - You can join or disenroll from a Cost Plan anytime during the year.
 - You can join a Special Needs plan anytime during the year if you meet the criteria for enrolling in the plan.
 - Individuals eligible for full Medicaid benefits or who receive help from the state paying their Part B premiums, can join or disenroll anytime.
 - Individuals who qualify for Medicare prescription drug coverage “Extra Help” can join or disenroll anytime during the year.

Protections When Enrolling in a Medicare Advantage Plan for the First Time

If you are enrolling in a Medicare Advantage plan for the first time you can return to Original Medicare and are guaranteed the right to get Medicare Supplement Insurance in two situations.

1. You **drop** your Medicare supplement to enroll in a Medicare Advantage plan for the **first time** and then you **disenroll** from the Medicare Advantage plan within the **first 12 months**. You must be allowed to
 - **Re-enroll** in the Medicare supplement policy you were most recently enrolled in if it is available from the same insurance company, **OR**
 - If the policy is not available, **enroll** in any Medicare supplement Plan A, B, C, F, K or L (including Medicare Select or high deductible choices) from ANY COMPANY selling these plans in Iowa. If you are **under age 65**, you can buy only from companies selling to those under 65. If you bought your Medicare supplement plan before June 2010; it is no longer being sold and you will have to buy one of the standardized plans now available
2. You enroll in a Medicare Advantage plan the first time you enroll in Medicare Part B **at age 65**. Then you disenroll **within the first 12 months**.
 - You must be allowed to enroll in ANY Medicare supplement plan, **A through N**, offered by ANY COMPANY selling those plans in Iowa, (including Medicare Select or high deductible choices.)

These two options do not apply to employer retiree health plans. If you give up your employer retiree plan to try a Medicare Advantage plan, you may not get your employer retiree plan back later.

In the two situations described above, if you **apply** for your new Medicare supplement plan within **63 days** of when your Medicare Advantage coverage ends....

- Companies cannot turn you down because of pre-existing health conditions.
- Companies cannot charge you higher premiums because of pre-existing health conditions. You will not have a waiting period before benefits are paid for pre-existing health conditions.

In both of the situations described above, if you are disenrolling from a Medicare Advantage plan with drug coverage, you will also get a special enrollment period to sign up for a Part D stand-alone drug plan.

Medicare Advantage and Medicare Part D

Many people with a Medicare Advantage plan get prescription coverage through their plan. If you want Part D coverage and enroll in a Medicare Advantage HMO or PPO you must select an option that includes drug coverage. All SNP plans include

drug coverage. If you join a stand-alone drug plan you will be automatically disenrolled from your Medicare HMO, SNP or PPO and returned to Original Medicare. If you have a Medicare Private Fee-for-Service Plan that doesn't include drug coverage or a Medicare Cost Plan, you can join a stand-alone Medicare Prescription Drug Plan.

Your out-of-pocket costs will depend on the plan's premium, whether the plan has a yearly deductible, the plans copayments or coinsurance (how much you pay) for your prescriptions and if your drugs are covered on the plan's formulary. Individuals who receive help with their Medicare drug plan costs will continue to pay reduced costs if they enroll in a Medicare Advantage plan that includes drug coverage. To compare Medicare Advantage plan drug benefits you can go to www.medicare.gov. SHIP counselors are also available to help you compare plans.

Medicare Advantage and Medicaid:

The State of Iowa Medicaid will cover the cost of deductibles and copayments for Medicare Part A and Part B covered services if you are enrolled in a Medicare Advantage plan and have full Medicaid benefits or are enrolled in the QMB Medicare Savings Program.

Things to Consider Before You Enroll in a Medicare Advantage Plan

- ◆ Your Medicare benefits are provided by the Medicare Advantage plan, rather than the traditional Medicare program. You will use your Medicare Advantage card when you receive services instead of your Medicare card.
- ◆ **It is especially important that you check to see if your doctors, hospitals and other providers accept the plan. Ask if they are in-network or out-of-network. Your costs may be more if your provider accepts a plan but is out-of-network.**
- ◆ You must live in the service area and have Medicare Part A and Part B.
- ◆ You continue to pay the Medicare Part B premium.
- ◆ You usually will pay deductibles, copayments, or coinsurance for the services you get. You also may pay a premium for the plan.
- ◆ You don't need a Medicare supplement insurance policy and the policy will not pay benefits when you are enrolled in a Medicare Advantage plan.
- ◆ Understand when you can change plans if you change your mind.
- ◆ Compare all costs and features (see comparison chart on page 36). The plans listed in this guide are offered to individuals. Employers may also provide Medicare Advantage plans to their retirees. Employer plans may have different premiums and benefits from those listed in this guide.
- ◆ Once you enroll in a Medicare Advantage plan, review the Annual Notice of Change your plan will send you each fall. This includes any changes in coverage and cost for the next year.

Decide How to Get Your Medicare

Decide if You Want

Original Medicare

OR

Medicare Advantage Plan

Part A (Hospital Insurance) and Part B (Medical Insurance)

- You pay Part B monthly premium
- Medicare provides this coverage
- You have your choice of doctors, hospitals, and other providers
- Generally, you pay deductibles, copayments and coinsurance

Includes both Part A (Hospital Insurance) and Part B (Medical Insurance)

- You pay Part B monthly premium. You **must** be enrolled in Part A and Part B
- You may pay a monthly plan premium
- Private insurance companies approved by Medicare provide this coverage
- Doctors, hospitals and other providers may or may not accept the plan
- You pay a deductible, copayment or coinsurance for covered services
- Some plans offer extra benefits such as dental, vision, hearing and health club memberships
- Costs and rules vary by plan
- You must live in the plan's service area

Decide if You Want Prescription Drug Coverage (Part D)

- If you want this coverage you must choose and join a Medicare Prescription Drug Plan
- These plans are run by private companies approved by Medicare

- If you want this coverage, in most cases you must get it through your Medicare Advantage plan
- Most Medicare Advantage plans include Part D coverage

Decide if You Want Supplemental Coverage

You may want to get private coverage that fills gaps in Original Medicare coverage.

- You can choose to buy private supplemental coverage, like a Medicare supplement policy
- Costs vary by policy or company
- Employers/Unions may offer similar coverage

- You do not need a Medicare supplement policy
- If you already have a Medicare supplement, you can't use it to pay your expenses under the Medicare Advantage plan
- If you already have a Medicare Advantage plan you cannot be sold a Medicare supplement

Guide to Medicare Advantage Plan Chart

The chart on pages 10-12 lists the Medicare Advantage plans available in Iowa. The chart includes:

Plan Name:

Listed in bold is the name used by the company to market the plan.

Phone Number:

The phone number listed is for prospective members.

Company Name:

The name of the insurance company marketing the plan is shown in italics.

Service Area:

To be eligible to enroll in a Medicare Advantage plan you must live in the “service area”, or counties, served by the plan. For a complete list of the counties served refer to the individual plan summaries found on pages 13 to 35.

Options:

Many of the plans offer more than one option. Each option may not be available in every county of the plan’s service area. Refer to the plan benefit summaries on pages 13 to 35.

Premium:

This is the total monthly premium you pay for the plan, including hospital, medical and prescription drug benefits, when offered. You also continue to pay your Part B premium each month.

Part D:

A “Yes” in the “**Part D**” column indicates the plan option includes Medicare prescription drug coverage.

For more information on a specific Medicare Advantage plan go www.medicare.gov or contact the company. Phone numbers and website addresses are listed in this booklet. If you have general questions about Medicare Advantage, contact the Iowa Senior Health Insurance Information Program (SHIIP) at 1-800-351-4664 (TTY 800-735-2942).

Medicare Advantage Plans available in Iowa

HMO – Health Maintenance Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
AARP MedicareComplete HMO 1-800-547-5514 <i>UnitedHealthcare</i> Service Area: See pages 13-14	MedicareComplete H2802-001	\$0	Yes
	MedicareComplete Plan 1 H4456-015	\$85	Yes
	MedicareComplete Plan 3 H4456-025	\$0	Yes
Coventry Advantra HMO 1-855-893-1444 <i>Coventry Health Care of Iowa</i> Service Area: See page 15	Silver H1609-001	\$0	Yes
Coventry Total Care HMO 1-855-893-1444 <i>Coventry Health Care of Iowa</i> Service Area: See pages 15-16	Mercy-HPN H1609-009	\$0	Yes
	Alegent Creighton H1609-010	\$0	Yes
Guide Rx HMO 1-877-933-8454 <i>Health Alliance Medicare</i> Service Area: See page 16	H1737-001	\$0	Yes
Humana Gold Plus HMO 1-800-833-2364 <i>CHA HMO, Inc.</i> Service Area: See pages 17-18	H0028-001	\$16	Yes
	H0028-002	\$18	Yes
	H0028-003	\$28	Yes
Meridian Prime HMO 1-855-647-0075 <i>Meridian Health Plan of Iowa</i> Service Area: See page 18	H5786-002	\$0	Yes
Senior Preferred HMO 1-800-394-5566 Gunderson Health Plan Service Area: See pages 19-20	Value H5262-004	\$0	No
	Value D H5262-003	\$38	Yes
	Elite H5262-005	\$100	No
	Elite D H5262-001	\$154	Yes

Cost Contract Plan			
Plan Name - Company – Service Area	Options/Plan#	Premium	Part D
Medical Associates Health Plan (MAHP) 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 21	Smart Plan H1651-001	\$99	No
	Community Plan H1651-004	\$129	No
	Freedom Plan H1651-008	\$149	No
PPO – Preferred Provider Organization			
Care Improvement Plus PPO 1-800-547-5514 <i>XL Health Corporation</i> Service Area: See page 22	Care Improvement Plus H0084-001	\$0	Yes
Coventry Advantra PPO 1-855-893-1444 <i>Coventry Health Care of Iowa, Inc</i> Service Area: See page 23	Platinum H1608-001	\$0	Yes
Coventry Total Care PPO 1-855-893-1444 <i>Coventry Health Care of Iowa, Inc</i> Service Area: See page 23-24	McFarland HPN H1608-007	\$0	Yes
	Patient Preferred HPN H1608-008	\$0	Yes
HumanaChoice PPO 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See pages 24-27	H5868-004	\$0	No
	H5868-001	\$37	Yes
	H5868-009	\$56	Yes
	H1418-008	\$36	Yes
	H6609-004	\$0	No
	H6609-003	\$87	Yes
Today's Options PPO 1-800-996-8867 <i>The Pyramid Life Insurance Company/Universal American</i> Service Area: See pages 27	Advantage Plus 950E H5378-184	\$86	Yes

PFFS - Private-Fee-For-Service Plans			
Humana Gold Choice PFFS 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See page 29	H8145-155	\$0	No
	H8145-127	\$68	Yes
UnitedHealthcare MedicareDirect 1-800-555-5757 <i>UnitedHealthcare Insurance Company</i> Service Area: See page 30	Essential H5435-001	\$0	No
	Rx H5435-014	\$28	Yes
Today's Options Network PFFS 1-800-996-8867 <i>The Pyramid Life Insurance Company/Universal American Insurance Company</i> Service Area: See pages 31-32	Premier 500 H6169-001	\$20	No
	Premier Plus 550A H6169-021	\$82	Yes
	Premier 900 H6169-011	\$0	No
	H6169-012	\$22	No
	Premier 950B H6169-031	\$37	Yes
	H6169-032	\$71	Yes
SNP – Special Needs Plans			
Care Improvement Plus 1-800-547-5514 <i>XL Health Corporation</i> Service Area: See page 34	Silver Rx PPO H0084-014	\$19.40	Yes
	Gold Rx PPO H0084-004	\$0	Yes
Meridian Advantage Plan of Iowa HMO 1-855-647-0075 <i>Meridian Health Plan of Iowa, Inc.</i> Service Area: See page 35	H5786-001	\$0	Yes

Medicare Health Maintenance Organizations (HMO)

A Medicare HMO offers services through a network of contracted hospitals, doctors and other providers, and the plan pays the providers directly. Most plans have strict “lock-in” requirements. This means you generally must receive all covered care from the plan providers or through referrals by the plan. If you go outside the network without a referral, neither the Medicare HMO nor Medicare will pay. Emergencies and urgent care are covered when you cannot reach a plan location.

The HMO manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in an HMO.

If you are interested in a HMO and you want to receive Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare HMO and enroll in a Medicare stand-alone drug plan.

Some plans also offer additional benefits, such as vision and hearing screenings, and other services not covered under the Original Medicare plan.

The following charts show what **you pay** when you enroll in a Medicare Advantage HMO plan.

AARP MedicareComplete HMO (H2802-001)

UnitedHealthcare
1-800-547-5514 (TTY/TDD 711)
www.AARPMedicarePlans.com

Service Area: Pottawattamie County

Monthly Premium: \$0

You also pay Part B monthly premium

Yearly Out-of-Pocket Maximum:

\$5,900 In-Network

(Includes only Medicare Part A and Part B-covered services)

Doctor Office Visit:

\$20 primary care visit; \$45 specialist visit

Emergency Room Visit: \$65 each visit

(waived if admitted to hospital in 24 hours)

Worldwide Coverage

Inpatient Hospital: \$395/day for days 1-4 per hospital stay

Outpatient Surgery: 20% of the cost

Skilled Nursing Care:

\$25 each day for days 1-20; \$152 each day for days 21-56; \$0 for days 57-100

Diagnostic Lab Tests: \$14 for each lab service

Durable Medical Equipment: 20% of the cost;
\$0 for diabetic supplies

Annual Physical Exam: \$0 (1 exam/year)

Podiatry Services: \$45 (six routine visits/year)

Vision Services: \$45 (1 routine exam/year);
\$15 copay, \$70 limit for frames or \$105 limit for contacts every two years

Hearing Services: \$20 (1 routine exam/year);
\$390 copay for each over the ear device & \$450 co-pay for each inner ear device; limit of 2 devices every year

Optional Package: N/A

Medicare Prescription Drug Coverage:

- No deductible
- Before total drug costs reach \$2,850, you pay:
 - \$3 - Preferred Generic Drugs
 - \$8 - Non-Preferred Generic Drugs
 - \$45 - Preferred Brand Drugs
 - \$95 - Non-Preferred Brand Drugs
 - 33% -Specialty Tier Drugs
- Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics

Wellness Benefit: Health Club Membership

AARP MedicareComplete Plan 1 HMO (H4456-015)	AARP MedicareComplete Plan 3 HMO (H4456-025)
<p align="center"><i>UnitedHealthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	<p align="center"><i>UnitedHealthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicarePlans.com</p>
<p>Service Area: Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington and Wayne counties</p>	<p>Service Area: Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington and Wayne counties</p>
<p>Monthly Premium: \$85 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: \$4,500 (Includes only Medicare Part A and Part B-covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$5,900 (Includes only Medicare Part A and Part B covered services)</p>
<p>Doctor Office Visit: \$10 primary care visit; \$25 specialist visit</p>	<p>Doctor Office Visit: \$15 primary care visit; \$45 specialist visit</p>
<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$150/day for days 1-26 per hospital stay</p>	<p>Inpatient Hospital: \$395/day for days 1-4 per hospital stay</p>
<p>Outpatient Services/Surgery: \$125 for each visit</p>	<p>Outpatient Services/Surgery: 20% of the cost</p>
<p>Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-47; \$0 for days 48-100</p>	<p>Skilled Nursing Care: \$25 each day for days 1-20; \$152 for days 21-56; \$0 for days 57-100</p>
<p>Diagnostic Lab Tests: \$13 for each lab service</p>	<p>Diagnostic Lab Tests: \$14 for each lab service</p>
<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1exam/year)</p>
<p>Podiatry Services: \$25 (six routine visits per year)</p>	<p>Podiatry Services: \$45 (six routine visits per year)</p>
<p>Vision Services: \$25 (1 exam/year); \$70 limit for eyeglasses or \$105 limit for contacts every two years</p>	<p>Vision Services: \$45 (1 exam/year)</p>
<p>Hearing Services: \$10 (1 routine exam/year) \$330 copay for each over the ear device & \$380 copay for each inner ear device; limit to 2 devices every year</p>	<p>Hearing Services: \$15 (1 test/year) \$390 copay for each over the ear device & \$450 copay for each inner ear device; limit to 2 devices every year</p>
<p>Optional Package: \$35 monthly premium for additional dental benefits</p>	<p>Optional Package: \$35 monthly premium for additional dental benefits. \$19 for fitness benefits</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$3 - Preferred Generic Drugs \$7 - Non-Preferred Generic Drugs \$38 - Preferred Brand Drugs \$85 - Non-Preferred Brand Drugs 33% - Specialty Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics. 	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$4 - Preferred Generic Drugs \$8- Non-Preferred Generic Drugs \$44 - Preferred Brand Drugs \$95 - Non-Preferred Brand Drugs 33% - Specialty Tier Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Coventry Advantra Silver HMO (H1609-001)	Coventry Total Care HMO Mercy HPN (H1609-009)																																				
Coventry Health Care of Iowa, Inc. 1-855-893-1444 (TTY/TDD 711) www.MyCoventryMedicare.com	Coventry Health Care of Iowa, Inc. 1-855-893-1444 (TTY/TDD 711) www.MyCoventryMedicare.com																																				
Service Area: Adair, Appanoose, Benton, Boone, Bremer, Buchanan, Butler, Carroll, Cass, Cedar, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Harrison, Ida, Iowa, Jasper, Johnson, Jones, Keokuk, Linn, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, Page, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright counties	Service Area: Dallas, Polk and Warren counties																																				
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium																																				
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$2,900 (Includes only Medicare Part A and Part B-covered services)																																				
Doctor Office Visit: \$10 primary care visit; \$40 specialist visit	Doctor Office Visit: \$5 primary care visit; \$30 specialist visit																																				
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage																																				
Inpatient Hospital: \$245/day for days 1-9 per hospital stay	Inpatient Hospital: \$235/day for days 1-9 per hospital stay																																				
Outpatient Surgery/Services: 20% of the cost	Outpatient Surgery/Services: 20% of the cost																																				
Skilled Nursing Care: \$50 each day for days 1-20; \$125 each day for days 21-100	Skilled Nursing Care: \$50 each day for days 1-20; \$125 each day for days 21-100																																				
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0																																				
Durable Medical Equipment: 20% of the cost; \$0 for LifeScan diabetic supplies	Durable Medical Equipment: 20% of the cost; \$0 for LifeScan diabetic supplies																																				
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)																																				
Vision Services: No additional coverage	Vision Services: No additional coverage																																				
Dental: No additional coverage	Dental: \$0 for routine exam, cleaning, x-ray																																				
Medicare Prescription Drug Coverage: <ul style="list-style-type: none">No deductibleBefore total drug costs reach \$2,850, you pay: <table><tr><td></td><td>Preferred Pharmacy</td><td>Non-Preferred Pharmacy</td></tr><tr><td>Tier 1-Preferred Generics</td><td>\$3</td><td>\$7</td></tr><tr><td>Tier 2-Non-Preferred Generics</td><td>\$7</td><td>\$10</td></tr><tr><td>Tier 3-Preferred Brand</td><td>\$42</td><td>\$45</td></tr><tr><td>Tier 4-Non-Preferred Brand</td><td>\$85</td><td>\$88</td></tr><tr><td>Tier 5-Specialty Drugs</td><td>33%</td><td>33%</td></tr></table> <ul style="list-style-type: none">Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$3	\$7	Tier 2-Non-Preferred Generics	\$7	\$10	Tier 3-Preferred Brand	\$42	\$45	Tier 4-Non-Preferred Brand	\$85	\$88	Tier 5-Specialty Drugs	33%	33%	Medicare Prescription Drug Coverage: <ul style="list-style-type: none">No deductibleBefore total drug costs reach \$2,850, you pay: <table><tr><td></td><td>Preferred Pharmacy</td><td>Non-Preferred Pharmacy</td></tr><tr><td>Tier 1- Preferred Generics</td><td>\$2</td><td>\$5</td></tr><tr><td>Tier 2- Non-Preferred Generics</td><td>\$4</td><td>\$7</td></tr><tr><td>Tier 3- Preferred Brand</td><td>\$40</td><td>\$43</td></tr><tr><td>Tier 4- Non-Preferred Brand</td><td>\$80</td><td>\$83</td></tr><tr><td>Tier 5 Specialty Drugs</td><td>33%</td><td>33%</td></tr></table> <ul style="list-style-type: none">Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1- Preferred Generics	\$2	\$5	Tier 2- Non-Preferred Generics	\$4	\$7	Tier 3- Preferred Brand	\$40	\$43	Tier 4- Non-Preferred Brand	\$80	\$83	Tier 5 Specialty Drugs	33%	33%
	Preferred Pharmacy	Non-Preferred Pharmacy																																			
Tier 1-Preferred Generics	\$3	\$7																																			
Tier 2-Non-Preferred Generics	\$7	\$10																																			
Tier 3-Preferred Brand	\$42	\$45																																			
Tier 4-Non-Preferred Brand	\$85	\$88																																			
Tier 5-Specialty Drugs	33%	33%																																			
	Preferred Pharmacy	Non-Preferred Pharmacy																																			
Tier 1- Preferred Generics	\$2	\$5																																			
Tier 2- Non-Preferred Generics	\$4	\$7																																			
Tier 3- Preferred Brand	\$40	\$43																																			
Tier 4- Non-Preferred Brand	\$80	\$83																																			
Tier 5 Specialty Drugs	33%	33%																																			
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership																																				

Coventry Total Care HMO Alegent Creighton HPN (H1609-010)	Guide Rx HMO (H1737-001)																																				
Coventry Health Care of Iowa, Inc. 1-855-893-1444 (TTY/TDD 711) www.MyCoventryMedicare.com	Health Alliance Medicare 1-877-933-8454 (TTY/TDD 1-800-833-7352) www.healthalliancemedicare.org																																				
Service Area: Pottawattamie county	Service Area: Pottawattamie county																																				
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium																																				
Yearly Out-of-Pocket Maximum: \$2,900 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$4,900 (Includes only Medicare Part A and Part B-covered services)																																				
Doctor Office Visit: \$5 primary care visit; \$30 specialist visit	Doctor Office Visit: \$20 primary care visit; \$45 specialist visit																																				
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital immediately) Worldwide Coverage																																				
Inpatient Hospital: \$235/day for days 1-9 per hospital stay	Inpatient Hospital: \$335/day for days 1-5 per hospital stay																																				
Outpatient Services/Surgery: 20% of the cost	Outpatient Services/Surgery: 20% of the cost																																				
Skilled Nursing Care: \$50 each day for days 1-20; \$150 each day for days 21-100	Skilled Nursing Care: \$25 each day for days 1-20; \$150 each day for days 21-100																																				
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: 20% of the cost																																				
Durable Medical Equipment: 20% of the cost; \$0 for LifeScan diabetic supplies	Durable Medical Equipment: 20% of the cost																																				
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)																																				
Vision Services: No additional coverage	Vision Services: \$0 to \$35 for one routine eye exam every year																																				
Dental: \$0 for 1 oral exam, cleaning and x-ray/ year	Hearing Services: \$35 (1 routine exam/year)																																				
Medicare Prescription Drug Coverage: <ul style="list-style-type: none">No deductibleBefore total drug costs reach \$2,850, you pay: <table><tr><td></td><td>Preferred Pharmacy</td><td>Non-Preferred Pharmacy</td></tr><tr><td>Tier 1 – Preferred Generics</td><td>\$2</td><td>\$5</td></tr><tr><td>Tier 2 – Non-Preferred Generic</td><td>\$4</td><td>\$7</td></tr><tr><td>Tier 3 – Preferred Brand</td><td>\$40</td><td>\$43</td></tr><tr><td>Tier 4 – Non-Preferred Brand</td><td>\$80</td><td>\$83</td></tr><tr><td>Tier 5 – Specialty Drugs</td><td>33%</td><td>33%</td></tr></table> <ul style="list-style-type: none">Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1 – Preferred Generics	\$2	\$5	Tier 2 – Non-Preferred Generic	\$4	\$7	Tier 3 – Preferred Brand	\$40	\$43	Tier 4 – Non-Preferred Brand	\$80	\$83	Tier 5 – Specialty Drugs	33%	33%	Dental: \$0 for one cleaning per year; \$20 for one oral exam every year Medicare Prescription Drug Coverage: <ul style="list-style-type: none">\$80 deductible on all drugs except Tier 1 and 2.Before total drug costs reach \$2,850, you pay: <table><tr><td></td><td>Preferred Pharmacy</td><td>In-Network Pharmacy</td></tr><tr><td>Tier 1 – Preferred Generics</td><td>\$0</td><td>\$8</td></tr><tr><td>Tier 2 – Non-Preferred Generic</td><td></td><td>\$33</td></tr><tr><td>Tier 3 – Preferred Brand</td><td></td><td>\$45</td></tr><tr><td>Tier 4 – Non-Preferred Brand</td><td></td><td>\$95</td></tr><tr><td>Tier 5 – Specialty Drugs</td><td></td><td>31%</td></tr></table> <ul style="list-style-type: none">Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.		Preferred Pharmacy	In-Network Pharmacy	Tier 1 – Preferred Generics	\$0	\$8	Tier 2 – Non-Preferred Generic		\$33	Tier 3 – Preferred Brand		\$45	Tier 4 – Non-Preferred Brand		\$95	Tier 5 – Specialty Drugs		31%
	Preferred Pharmacy	Non-Preferred Pharmacy																																			
Tier 1 – Preferred Generics	\$2	\$5																																			
Tier 2 – Non-Preferred Generic	\$4	\$7																																			
Tier 3 – Preferred Brand	\$40	\$43																																			
Tier 4 – Non-Preferred Brand	\$80	\$83																																			
Tier 5 – Specialty Drugs	33%	33%																																			
	Preferred Pharmacy	In-Network Pharmacy																																			
Tier 1 – Preferred Generics	\$0	\$8																																			
Tier 2 – Non-Preferred Generic		\$33																																			
Tier 3 – Preferred Brand		\$45																																			
Tier 4 – Non-Preferred Brand		\$95																																			
Tier 5 – Specialty Drugs		31%																																			
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership																																				

Humana Gold Plus HMO (H0028-001)	Humana Gold Plus HMO (H0028-002)
<i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Linn and Johnson counties	Service Area: Polk County
Monthly Premium: \$16 You also pay Part B monthly premium	Monthly Premium: \$18 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$10 primary care visit; \$35 specialist visit	Doctor Office Visit: \$10 primary care visit; \$35 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$300/day for days 1-5 per hospital stay	Inpatient Hospital: \$300/day for days 1-5 per hospital stay
Outpatient Surgery/Services: \$35-\$300 for each visit or 20% of the cost	Outpatient Services/Surgery: \$35-\$300 for each visit or 20% of the cost
Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-100	Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-100
Diagnostic Lab Tests: \$0-\$35 for each service	Diagnostic Lab Tests: \$0-\$35 for each service
Durable Medical Equipment: 20% of the cost; 0% -20% for diabetic supplies	Durable Medical Equipment: 20% of the cost; 0% -20% for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 deductible on all drugs except Tier 1, 2 and 3 Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$5 – Tier 1 Preferred Generic Drugs \$10 – Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95 – Tier 4 Non-Preferred Brand Drugs 25%- Tier 5 Specialty Drugs Coverage continues in the gap for a few generics and brand drugs. You pay no more than 47.5% for brand drugs and 72% for generics. 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 deductible on all drugs except Tier 1, 2 and 3 Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$5 – Tier 1 Preferred Generic Drugs \$10 –Tier 2 Non-Preferred Generic Drugs \$45 –Tier 3 Preferred Brand Drugs \$95 –Tier 4 Non-Preferred Brand Drugs 25%- Tier 5 Specialty Drugs Coverage continues in the gap for a few generics and brand drugs. You pay no more than 47.5% for brand drugs and 72% for generics.
Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium–1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year MyOption Dental: \$19 monthly premium- \$1,500 maximum benefit with a \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year	Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium–1 eye exam up to \$40 benefit and \$350 maximum benefit on eyewear every year MyOption Dental: \$19 monthly premium- \$1,500 maximum benefit after you pay a \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

Humana Gold Plus HMO (H0028-003)	Meridian Prime HMO (H5786-002)
<i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Meridian Health Plan of Iowa, Inc.</i> 1-855-647-0075 (TTY/TDD 711) www.medicaremeridian.com
Service Area: Pottawattamie County	Service Area: Polk and Scott counties
Monthly Premium: \$28 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,500 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$4,000 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$15 primary care visit; \$50 specialist visit	Doctor Office Visit: \$5 primary care visit; \$40 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage \$10,000 annual limit
Inpatient Hospital: \$320/day for days 1-5 per hospital stay	Inpatient Hospital: \$175/day for days 1-7 per hospital stay
Outpatient Surgery/Services: \$50-\$320 for each visit or 20% of the cost	Outpatient Surgery: \$100 copay
Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$150 each day for days 21-100
Diagnostic Lab Tests: \$0-\$50 for each service	Diagnostic Lab Tests: \$25 for each service
Durable Medical Equipment: 20% of the cost 0%-20% for diabetic supplies	Durable Medical Equipment: 20%
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 for 1 oral exam, 1 cleaning and 1 dental x-ray every year	Dental Services: \$0 for 1 oral exam and 1 cleaning every six months, 1 fluoride treatment and 1 dental x-ray every year. \$500 annual limit for dental services
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 deductible on all drugs except Tier 1, 2 and 3. Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$5 – Tier 1 Preferred Generic Drugs \$15 – Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95 – Tier 4 Non-Preferred Brand Drugs 25% – Tier 5 Specialty Drugs Coverage continues in the gap for a few generics and brand drugs. You pay no more than 47.5% for brand drugs and 72% for generics. 	Vision Services: \$0 routine vision exams and eyewear; \$100 annual limit on eyewear (eyeglasses and contact lenses). Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 deductible on all drugs except Tier 1 and 2. Before total drug costs reach \$2,850 <ul style="list-style-type: none"> \$0 – Tier 1 Preferred Generic Drugs \$5 – Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$85 – Tier 4 Non-Preferred Brand Drugs 25% – Tier 5 Specialty Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics..
Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium–1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year	
Wellness Benefit: Health Club Membership	

Senior Preferred Value HMO (H5262-004)	Senior Preferred Value D HMO (H5262-003)
<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org	<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$38 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$35 primary care visit; \$35 specialist visit	Doctor Office Visit: \$35 primary care visit; \$35 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 3 days) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-17 per hospital stay	Inpatient Hospital: \$200/day for days 1-17 per hospital stay
Outpatient Services/Surgery: \$75 for each visit	Outpatient Surgery/Services: \$75 for each visit
Skilled Nursing Care: 10% of cost each day for days 1-20	Skilled Nursing Care: 10% of cost each day for days 1-20
Diagnostic Lab Tests: 10% of the cost	Diagnostic Lab Tests: 10% of the cost
Durable Medical Equipment: 20% of the cost; 15% of cost for preferred diabetic supplies	Durable Medical Equipment: 20% of the cost; 15% of cost for preferred diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Hearing Services: \$0 (1 routine exam/year)	Hearing Services: \$0 (1 routine exam/year)
Vision Services: \$0 (1 routine exam/year); \$100 limit for glasses every year	Vision Services: \$0 (1 routine exam/year); \$100 limit for glasses every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$100 deductible Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$8 – Tier 1 Generics \$30 –Tier 2 Non-Preferred Generics \$45 –Tier 3 Preferred Brand Drugs \$95- Tier 4 Non-Preferred Brand Drugs 30% -Tier 5 Specialty Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Senior Preferred Elite HMO (H5262-005)	Senior Preferred Elite D HMO (H5262-001)
<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org	<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$100 You also pay Part B monthly premium	Monthly Premium: \$154.30 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare- Part A and Part B covered services)
Doctor Office Visit: \$20 primary care visit; \$20 specialist visit	Doctor Office Visit: \$20 primary care visit; \$20 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$50 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage
Inpatient Hospital: \$500 per admission	Inpatient Hospital: \$500 per admission
Outpatient Services/Surgery: \$0	Outpatient Surgery/Services: \$0
Skilled Nursing Care: 10% of cost each day for days 1-20	Skilled Nursing Care: 10% of cost each day for days 1-20
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 10% of the cost; 5% of cost for preferred diabetic supplies	Durable Medical Equipment: 10% of the cost 5% of cost for preferred diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Hearing Services: \$0 (1 routine exam/year)	Hearing Services: \$0 (1 routine exam/year)
Vision Services: \$0 (1 routine exam/year); \$300 limit for glasses every year	Vision Services: \$0 (1 routine exam per year); \$300 limit for glasses every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose a HMO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$40 deductible on brand name drugs only Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$8 – Generics (Tier 1) \$30 – Non-Preferred Generics (Tier 2) \$45 – Preferred Brand drugs (Tier 3) \$95- Non-Preferred Brand drugs (Tier 4) 32% - Specialty Drugs (Tier 5) Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Medicare Cost Plan

MAHP Smart Plan (H1651-001) MAHP Medicare Community Plan (H1651-004) MAHP Freedom Plan (H1651-008)

Medical Associates Health Plans
1-800-747-8900
www.mahealthcare.com

A Medicare Cost Plan is a type of HMO. The plan has a network of providers. When you use plan providers, the plan pays your Medicare deductible and coinsurance amounts. Plan providers do not bill for excess charges. When you do not use plan providers Medicare will pay, but the plan pays nothing. You pay the Medicare deductible, coinsurance, any excess charges and noncovered services. The Plan will pay non-plan providers if you need emergency or urgent care.

Cost Plans have different enrollment rules than all of the other Medicare Advantage Plans. They are allowed to have continuous enrollment. This means that individuals can enroll or disenroll anytime during the year.

You are not required to select a primary care physician, and you do not need a referral to see a specialist. A primary care physician is a doctor you choose to coordinate all of your care and referrals to specialists.

Some plans also offer additional benefits, such as vision and hearing screenings, disease management, and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.

You do not need a Medicare supplement. If you have a policy, it will not pay when you are enrolled in a Medicare Cost Plan.

If you are interested in a Medicare Cost plan and you want to receive Medicare drug coverage, you can enroll in a Medicare stand-alone drug plan.

The following charts show what **you pay** when you enroll in a Medicare Cost plan.

Service Area: Alamakee, Clayton, Delaware, Dubuque, Jackson, and Jones Counties

Monthly Premium:

H1651-001 - \$99 includes provider network benefit

H1651-004 - \$129 includes expanded provider network benefit within service area

H1651-008 - \$149 includes expanded provider network plus out-of network benefit

You also pay Part B monthly premium

Yearly Out-of-Pocket Maximum: None

**Cost shares listed are what you pay for Network Providers
(costs may vary for some out-of-network services)**

Doctor Office Visit:

\$0 primary care visit; \$0 specialist visit

Emergency Room Visit: \$0

Inpatient Hospital: \$0

Outpatient Surgery: \$0 per visit

Skilled Nursing Care: \$0

Diagnostic Lab Tests: \$0

Durable Medical Equipment: \$0

Routine Physical: \$0 (1 exam/year)

Vision Services: \$0 (1 exam/year)

Hearing Services: \$0 (1 exam/year)

Dental: No additional benefits

Routine Podiatric Care: \$0 (up to 6 visits a year)

Foreign Travel: \$250 deductible; 20% coinsurance
\$50,000 lifetime limit

Medicare Prescription Drug Coverage:

- No Coverage

If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

Preferred Provider Organization- PPO

A Medicare Preferred Provider Organization (PPO) has a list, or “network,” of doctors, hospitals and other providers that you can visit. You may go to doctors, specialists or hospitals that aren’t part of the plan’s network, but it will cost you more. Providers who are not part of the plan’s network can decide if they want to accept the plan, except in emergency situations.

You should check with your doctor(s) and hospital to see if they will treat patients covered by the plan before you enroll.

The PPO manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in a PPO.

Most PPOs offer some type of prescription drug coverage. Some plans also offer additional benefits, such as vision and hearing screenings, disease management and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.

If you want Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare PPO plan and enroll in a Medicare stand-alone drug plan.

Each PPO plan gives you the flexibility to go to specialists without a referral or prior authorization from another doctor.

The following charts show what **you pay** when you enroll in a Medicare Advantage PPO plan.

Care Improvement Plus Medicare Advantage PPO (H0084-001)

XL Health Corporation
1-800-547-5514 (TTY/TDD 711)
www.CareImprovementPlus.com

Service Area: Adair, Adams, Appanoose, Benton, Boone, Cass, Cedar, Clarke, Clinton, Crawford, Davis, Des Moines, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Henry, Iowa, Jasper, Jefferson, Johnson, Keokuk, Lee, Louisa, Lucas, Madison, Mahaska, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, VanBuren, Warren and Washington counties

Monthly Premium: \$0

You also pay Part B monthly premium

Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers

Yearly Out-of-Pocket Maximum: \$6,700

(Includes only Medicare Part A and Part B covered services)

Doctor Office Visit:

\$25 primary care visit; \$50 specialist visit

Emergency Room Visit: \$65 each visit

(waived if admitted to hospital in 24 hours)

Worldwide Coverage

Inpatient Hospital: \$395/day for days 1-4 per stay

Outpatient Surgery/Services: 20% per visit

Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-61; \$0 for days 62-100

Diagnostic Lab Tests: \$13 for each lab service

Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies

Annual Physical Exam: \$0 (1 exam/year)

Vision Services: \$25 (1 routine exam per year); \$0 for glasses & contacts up to \$100 limit every year

Dental: \$20 for each visit that includes: up to 1 oral exam, 1 cleaning and 1 x-ray every year

Podiatry Services: \$50 (six routine visits per year)

Medicare Prescription Drug Coverage:

- No deductible
- Before total drug costs reach \$2,850, you pay:
 - \$5 - Generic drugs
 - \$10 - Non-Preferred Generic drugs
 - \$45 - Preferred Brand drugs
 - \$95 - Non-Preferred Brand drugs
 - 33% - Specialty Tier drugs
- Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Coventry Advantra Platinum PPO (H1608-001)	Coventry Total Care PPO McFarland HPN (H1608-007)																																				
Coventry Health Care of Iowa, Inc. 1-855-893-1444 (TTY/TDD 711) www.MyCoventryMedicare.com	Coventry Health Care of Iowa, Inc. 1-855-893-1444 (TTY/TDD 711) www.MyCoventryMedicare.com																																				
Service Area: Adair, Appanoose, Benton, Boone, Bremer, Buchanan, Butler, Carroll, Cass, Cedar, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Harrison, Ida, Iowa, Jasper, Johnson, Jones, Keokuk, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O’Brien, Osceola, Page, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright Counties	Service Area: Story and Marshall counties																																				
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium																																				
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers																																					
Yearly Out-of-Pocket Maximum: \$3,300 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$2,900 (Includes only Medicare Part A and Part B covered services)																																				
Doctor Office Visit: \$15 primary care visit; \$40 specialist visit	Doctor Office Visit: \$0 primary care visit; \$30 specialist visit																																				
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage																																				
Inpatient Hospital: \$235/day for days 1-9 per stay	Inpatient Hospital: \$200/day for days 1-9 per stay																																				
Outpatient Surgery/Services: 20% of cost	Outpatient Surgery/Services: 20% of cost																																				
Skilled Nursing Care: \$40 each day for for days 1-20; \$75 each day for days 21-44	Skilled Nursing Care: \$40 each day for days 1-20; \$70 each day for days 21-100																																				
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service																																				
Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies																																				
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)																																				
Vision Services: No additional coverage	Vision Services: No additional coverage																																				
Dental: No additional coverage	Dental: \$0 for routine exam, cleaning, x-ray																																				
Medicare Prescription Drug Coverage: <ul style="list-style-type: none">No deductibleBefore total drug costs reach \$2,850, you pay:<table><tr><td></td><td>Preferred Pharmacy</td><td>Non-Preferred Pharmacy</td></tr><tr><td>Tier 1-Preferred Generics</td><td>\$3</td><td>\$7</td></tr><tr><td>Tier 2-Non-Preferred Generics</td><td>\$7</td><td>\$10</td></tr><tr><td>Tier 3-Preferred Brand</td><td>\$42</td><td>\$45</td></tr><tr><td>Tier 4-Non-Preferred Brand</td><td>\$85</td><td>\$88</td></tr><tr><td>Tier 5- Specialty Drugs</td><td>33%</td><td>33%</td></tr></table>Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$3	\$7	Tier 2-Non-Preferred Generics	\$7	\$10	Tier 3-Preferred Brand	\$42	\$45	Tier 4-Non-Preferred Brand	\$85	\$88	Tier 5- Specialty Drugs	33%	33%	Medicare Prescription Drug Coverage: <ul style="list-style-type: none">No deductibleBefore total drug costs reach \$2,850, you pay:<table><tr><td></td><td>Preferred Pharmacy</td><td>Non-Preferred Pharmacy</td></tr><tr><td>Tier 1-Preferred Generics</td><td>\$2</td><td>\$5</td></tr><tr><td>Tier 2-Non-Preferred Generics</td><td>\$4</td><td>\$7</td></tr><tr><td>Tier 3-Preferred Brand</td><td>\$40</td><td>\$43</td></tr><tr><td>Tier 4-Non-Preferred Brand</td><td>\$80</td><td>\$83</td></tr><tr><td>Tier 5-Specialty Drugs</td><td>33%</td><td>33%</td></tr></table>Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$2	\$5	Tier 2-Non-Preferred Generics	\$4	\$7	Tier 3-Preferred Brand	\$40	\$43	Tier 4-Non-Preferred Brand	\$80	\$83	Tier 5-Specialty Drugs	33%	33%
	Preferred Pharmacy	Non-Preferred Pharmacy																																			
Tier 1-Preferred Generics	\$3	\$7																																			
Tier 2-Non-Preferred Generics	\$7	\$10																																			
Tier 3-Preferred Brand	\$42	\$45																																			
Tier 4-Non-Preferred Brand	\$85	\$88																																			
Tier 5- Specialty Drugs	33%	33%																																			
	Preferred Pharmacy	Non-Preferred Pharmacy																																			
Tier 1-Preferred Generics	\$2	\$5																																			
Tier 2-Non-Preferred Generics	\$4	\$7																																			
Tier 3-Preferred Brand	\$40	\$43																																			
Tier 4-Non-Preferred Brand	\$80	\$83																																			
Tier 5-Specialty Drugs	33%	33%																																			
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership																																				

Coventry Total Care PPO Patient Preferred HPN (H1608-008)	HumanaChoice PPO (H5868-004)																		
Coventry Health Care of Iowa, Inc. 1-855-893-1444 (TTY/TDD 711) www.MyCoventryMedicare.com	Humana Insurance Company 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com																		
Service Area: Ida, Monona, Plymouth and Woodbury Counties	Service Area: Adair, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerr Gordo, Cherokee, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Poweshiek, Ringgold, Sac, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright counties																		
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium																		
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers																			
Yearly Out-of-Pocket Maximum: \$2,900 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B-covered services)																		
Doctor Office Visit: \$0 primary care visit; \$30 specialist visit	Doctor Office Visit: \$10 primary care visit; \$35 specialist visit																		
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage																		
Inpatient Hospital: \$200/day for days 1-9 per stay	Inpatient Hospital: \$264/day for days 1-7 per stay																		
Outpatient Surgery/Services: 20% of cost	Outpatient Services/Surgery: \$35 to \$264 per visit or 20% of the cost																		
Skilled Nursing Care: \$40 each day for days 1-20; \$70 each day for days 21-100	Skilled Nursing Care: \$25 for days 1-20; \$152 each day for days 21-100																		
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0-\$35 for each lab service																		
Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies	Durable Medical Equipment: 15% of cost; 0%-20% for diabetic supplies																		
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)																		
Dental: \$0 for routine exam, cleaning, x-ray	Routine Eye Exam: \$0 (1 exam/year) up to \$130 maximum benefit																		
Medicare Prescription Drug Coverage: <ul style="list-style-type: none">No deductibleBefore total drug costs reach \$2,850, you pay:<table><tr><td></td><td>Preferred Pharmacy</td><td>Non-Preferred Pharmacy</td></tr><tr><td>Tier 1-Preferred Generics</td><td>\$2</td><td>\$5</td></tr><tr><td>Tier 2-Non-Preferred Generics</td><td>\$4</td><td>\$7</td></tr><tr><td>Tier 3-Preferred Brand</td><td>\$40</td><td>\$43</td></tr><tr><td>Tier 4-Non-Preferred Brand</td><td>\$80</td><td>\$83</td></tr><tr><td>Tier 5 -Specialty Drugs</td><td>33%</td><td>33%</td></tr></table>Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$2	\$5	Tier 2-Non-Preferred Generics	\$4	\$7	Tier 3-Preferred Brand	\$40	\$43	Tier 4-Non-Preferred Brand	\$80	\$83	Tier 5 -Specialty Drugs	33%	33%	Medicare Prescription Drug Coverage: No Coverage If you want Medicare Part D drug coverage you must choose a PPO that includes prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan. MyOption Enhanced Dental: \$19 monthly premium-\$1,500 maximum benefit with \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year MyOption Vision: \$15.30 monthly premium 1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year
	Preferred Pharmacy	Non-Preferred Pharmacy																	
Tier 1-Preferred Generics	\$2	\$5																	
Tier 2-Non-Preferred Generics	\$4	\$7																	
Tier 3-Preferred Brand	\$40	\$43																	
Tier 4-Non-Preferred Brand	\$80	\$83																	
Tier 5 -Specialty Drugs	33%	33%																	
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership																		

HumanaChoice PPO (H5868-001)	HumanaChoice PPO (H5868-009)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Benton, Black Hawk, Boone, Buchanan, Cedar, Dallas, Delaware, Iowa, Jasper, Johnson, Jones, Linn, Madison, Marion, Marshall, Muscatine, Polk, Story, Warren and Washington counties	Service Area: Adair, Allamakee, Appanoose, Audubon, Buena Vista, Butler, Calhoun, Carroll, Cass, Cerro Gordo, Cherokee, Clayton, Clinton, Crawford, Davis, Decatur, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Jackson, Jefferson, Keokuk, Kossuth, Lee, Lucas, Lyon, Mahaska, Mills, Monona, Monroe, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Poweshiek, Ringgold, Sac, Sioux, Tama, Union, Van Buren, Wapello, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright counties
Monthly Premium: \$37 You also pay Part B monthly premium	Monthly Premium: \$56 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$10 primary care visit; \$40 specialist visit	Doctor Office Visit: 20% of the cost
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$264/day for days 1-7 per stay	Inpatient Hospital: Days 1-60: \$1,184 deductible; days 61-90: \$296 per day; days 91-150: \$592 per day; 151 days and beyond \$0 (2013 costs)
Outpatient Services/Surgery: \$40 to \$264 per visit or 20% of the cost	Outpatient Services/Surgery: 20% of the cost
Skilled Nursing Care: \$25 for days 1-20; \$152 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$144.50 for days 21-100
Diagnostic Lab Tests: \$0-\$40 for each lab service	Diagnostic Lab Tests: 0 – 20% of the cost for each lab service
Durable Medical Equipment: 20% of cost 0%-20% for diabetic supplies	Durable Medical Equipment: 20% of cost 0%-20% for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 Deductible on all drugs except Tier 1, 2 & 3: Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$8 – Tier 1 Preferred Generic Drugs \$18 – Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95 – Tier 4 Non-Preferred Brand Drugs 25% - Tier 5 Specialty Drugs Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. You pay no more than 47.5% for brand drugs and 72% for generics. Optional Packages: (Call the plan for details) MyOption Enhanced Dental: \$19 monthly premium- \$1,500 maximum benefit with \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year MyOption Vision: \$15.30 monthly premium 1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 Deductible on all drugs except Tier 1, 2 & 3: Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$5 – Tier 1 Preferred Generic Drugs \$10 – Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95 – Tier 4 Non-Preferred Brand Drugs 25% - Tier 5 Specialty Drugs Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. You pay no more than 47.5% for brand drugs and 72% for generics. Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium-1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year MyOption Enhanced Dental: \$19 monthly premium- \$1,500 maximum benefit with a \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year
Wellness Benefit: Health Club Membership	

HumanaChoice PPO (H1418-008)	HumanaChoice PPO (H6609-004)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Scott County	Service Area: Pottawattamie County
Monthly Premium: \$36 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$10 primary care visit; \$40 specialist visit	Doctor Office Visit: \$10 primary care visit; \$35 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$264/day for days 1-7 per stay	Inpatient Hospital: \$264/day for days 1-7 per stay
Outpatient Services/Surgery: \$40-\$264 per visit or 20% of the cost	Outpatient Services/Surgery: \$35-\$264 per visit or 20% of the cost
Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-100	Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-100
Diagnostic Lab Tests: \$0-\$40 for each lab service	Diagnostic Lab Tests: \$0-\$35 for each lab service
Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies	Durable Medical Equipment: 10% of cost; 0% to 20% for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 Deductible on all drugs except Tier, 1, 2 & 3 Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$4 – Tier 1 Preferred Generic Drugs \$8 –Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95 – Tier 4 Non-Preferred Brand Drugs 25% - Tier 5 Specialty Drugs Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. You pay no more than 47.5% for brand drugs and 72% for generics. 	Routine Eye Exam: \$0 (1 exam/year) up to \$130 maximum benefit
	Dental: \$0 for 1 oral exam, 1 cleaning and 1 dental x-ray every year
	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose a PPO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>
Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium– 1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year MyOption Enhanced Dental: \$19 monthly premium- \$1,500 maximum benefit with a \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year	Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium– 1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year MyOption Enhanced Dental: \$25.80 monthly premium- \$1,500 maximum benefit; covers 2 exams and cleanings and 1 dental x-ray every year Wellness Benefit: Health Club Membership

HumanaChoice PPO (H6609-003)	Today's Options Advantage Plus 950E PPO (H5378-184)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>The Pyramid Life Insurance Company/ Universal American</i> 1-800-996-8867 (TTY/TDD 711) www.todaysoptionsppo.com
Service Area: Pottawattamie County	Service Area: Pottawattamie County
Monthly Premium: \$87 You also pay Part B monthly premium	Monthly Premium: \$86 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$10 primary care visit; \$40 specialist visit	Doctor Office Visit: \$25 primary care visit; \$50 specialist
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$264/day for days 1-7 per stay	Inpatient Hospital: \$295/day for days 1-5 per stay
Outpatient Services/Surgery: \$40-\$264 per visit or 20% of the cost	Outpatient Services/Surgery: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit
Skilled Nursing Care: : \$25 each day for days 1-20; \$152 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$148 each day for days 21-100
Diagnostic Lab Tests: \$0-\$40 for each lab service	Diagnostic Lab Tests: 20% of the cost
Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies	Durable Medical Equipment: 20% of cost
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 Deductible on all drugs except Tier 1, 2 and 3. Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$6 – Tier 1 Preferred Generic Drugs \$10 – Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95 – Tier 4 Non-Preferred Brand Drugs 25% - Tier 5 Specialty Drugs Coverage in the Gap: You pay no more than 47.5% for brand drugs and 72% for generics. Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium—1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year MyOption Enhanced Dental: \$19.30 monthly premium—\$1,500 maximum benefit with a \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year	Vision Services: \$0 (1 routine exam/year)
	Hearing Services: \$20 (1 routine exam/year)
	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> Deductible- \$0 After you pay the deductible but before your total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$5 – Tier 1 Preferred Generic Drugs \$12 – Tier 2 Non-Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95 – Tier 4 Non-Preferred Brand Drugs 29% - Tier 5 Specialty Tier Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.
Wellness Benefit: Health Club Membership	

Private-Fee-For-Service - PFFS

A Private Fee-For-Service (PFFS) plan is a type of Medicare Advantage plan. Some of these plans have a “network” of providers and costs will be higher if you receive care out-of-network. For plans without networks beneficiaries can go to any provider or hospital as long as the provider agrees to bill the PFFS plan instead of Medicare. **You should check with your doctor(s) and hospital to see if they will treat patients covered by the plan before you enroll.**

Monthly premiums may be lower, but out-of-pocket copayments may be higher than when a beneficiary is enrolled in Original Medicare and supplemental health insurance.

The PFFS plan manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in an PFFS plan.

Some PFFS plans allow providers to “balance bill.” This would allow the provider to charge you up to 15% over the plan’s payment for services. Even if balance billing is allowed, your provider may accept the plan’s payment amount as payment in full. Ask your Medicare PFFS plan if they allow providers to balance bill as this will affect how much you may pay.

PFFS plans must provide all Medicare-covered services and may provide additional benefits that Original Medicare does not cover. Additional coverage could include an annual physical, vision and hearing screenings and wellness programs.

If you enroll in a PFFS plan that does not include Medicare Part D drug coverage you can enroll in one of the stand-alone Medicare drug plans.

The following charts show what **you pay** when you enroll in a Medicare Advantage PFFS plan

Humana Gold Choice PFFS (H8145-155)	Humana Gold Choice PFFS (H8145-127)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties	Service Area: Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$68 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$15 primary care visit; \$50 specialist visit	Doctor Office Visit: \$15 primary care visit; \$50 specialist visit
Emergency Room Visit: \$65 each visit; Worldwide Coverage	Emergency Room Visit: \$65 each visit Worldwide Coverage
Inpatient Hospital: \$264/day for days 1-7 per stay	Inpatient Hospital: \$264/day for days 1-7 per stay
Outpatient Services/Surgery: \$50 to \$264 or 20% of cost	Outpatient Services/Surgery: \$50 to \$264 or 20% of the cost
Skilled Nursing Care: \$25 for days 1-20; \$152 each day for days 21-100	Skilled Nursing Care: \$25 each day for days 1-20, \$152 each day for days 21-100
Diagnostic Lab Tests: \$0-\$50 for each lab service	Diagnostic Lab Tests: \$0-\$50 for each lab service
Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies	Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies
Annual Physical Exams: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$0 (1 routine exam every year) up to \$130 maximum benefit	Vision Services: \$0 (1 routine exam every year) up to \$130 maximum benefit
Optional Packages: MyOption Fitness: \$13 monthly premium - health club membership	Optional Packages: (Call the plan for details) MyOption Vision: \$15.30 monthly premium—1 eye exam up to \$40 maximum benefit and \$350 maximum benefit on eyewear every year MyOption Enhanced Dental: \$19 monthly premium—\$1,500 maximum benefit with a \$50 deductible; covers 2 exams and cleanings and 1 dental x-ray every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$310 deductible After you pay the deductible and before your drug costs reach \$2,850, you pay: 25% Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

UnitedHealthcare MedicareDirect Essential PFFS (H5435-001)	UnitedHealthcare MedicareDirect Rx PFFS (H5435-014)
<i>UnitedHealthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.UHCMedicareSolutions.com	<i>UnitedHealthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.UHCMedicareSolutions.com
Service Area: Buena Vista, Calhoun, Cherokee, Dickinson, Lyon, Pocahontas, Ringgold, Sac counties	Service Area: Calhoun, Cherokee, Dickinson, Lyon, Pocahontas, Ringgold, Sac, Union counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$28 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,400 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$25 primary care visit; \$50 specialist visit	Doctor Office Visit: \$25 primary care visit; \$50 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$395/day for days 1-4 per stay	Inpatient Hospital: \$395/day for days 1-4 per stay
Outpatient Services/Surgery: 20% of the cost	Outpatient Services/Surgery: 20% of the cost
Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-59; \$0 for days 60-100	Skilled Nursing Care: \$25 each day for days 1-20; \$152 each day for days 21-61; \$0 for days 62-100
Diagnostic Lab Tests: \$13 for lab services	Diagnostic Lab Tests: \$13 for lab services
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$50 (1 routine exam every year)	Vision Services: \$50 (1 routine exam every year)
Hearing Services: \$50 (1 routine exam every year)	Hearing Services: \$50 (1 routine exam every year)
Dental: No additional coverage	Dental: No additional coverage
Podiatry Services: \$50 each visit (up to 6 routine visits every year)	Podiatry Services: \$50 each visit (up to 6 routine visits every year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$3 - Preferred Generic Drugs \$10 - Non-Preferred Generic Drugs \$44 - Preferred Brand Drugs \$95 - Non-Preferred Brand Drugs 33% - Specialty Tier Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Todays Options Premier 500 Network PFFS (H6169-001)	Todays Options Premier Plus 550A Network PFFS (H6169-021)
<i>The Pyramid Life Insurance Company/ Universal American 1-800-996-8867 (TTY/TDD 711) www.todaysoptions.com</i>	<i>The Pyramid Life Insurance Company/ Universal American 1-800-996-8867 (TTY/TDD 711) www.todaysoptions.com</i>
Service Area: Johnson and Polk counties	Service Area: Johnson and Polk counties
Monthly Premium: \$20 You also pay Part B monthly premium	Monthly Premium: \$82 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Doctor Office Visit: \$15 primary care; \$35 specialist -in-network	Doctor Office Visit: \$15 primary care; \$35 specialist -in-network
Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$247/day for days 1-6 per stay	Inpatient Hospital: \$247/day for days 1-6 per stay
Outpatient Surgery/Services: \$150 each ambulatory surgical center visit; \$200 each outpatient hospital facility visit	Outpatient Surgery/Services: \$150 each ambulatory surgical center visit; \$200 each outpatient hospital facility visit
Skilled Nursing Care: \$25 for days 1-20; \$75 each day for days 21-100	Skilled Nursing Care: \$25 for days 1-20; \$75 each day for days 21-100
Diagnostic Lab Tests: 20% of cost	Diagnostic Lab Tests: 20% of cost
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exam: No additional benefit	Annual Physical Exam: No additional benefit
Vision Services: \$0 (1 routine exam/year)	Vision Services: \$0 (1 routine exam/year)
Hearing Services: \$20 (1 routine exam/year)	Hearing Services: \$20 (1 routine exam/year)
Dental: No additional coverage	Dental: No additional coverage
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> Deductible - \$0 Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$2 – Tier 1 Preferred Generic Drugs \$7 – Tier 2 Non-Preferred Generic Drugs \$40 – Tier 3 Preferred Brand Drugs \$80 – Tier 4 Non-Preferred Brand Drugs 33% - Tier 5 Specialty Tier Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Todays Options Premier 900 Network PFFS (H6169-011) (H6169-012)	Todays Options Premier Plus 950B Network PFFS (H6169-031) (H6169-032)
<i>The Pyramid Life Insurance Company/ Universal American 1-800-996-8867 (TTY/TDD 711) www.todaysoptions.com</i>	<i>The Pyramid Life Insurance Company/ Universal American 1-800-996-8867 (TTY/TDD 711) www.todaysoptions.com</i>
Service Area: Johnson and Polk counties (011) Cedar and Linn counties (012)	Service Area: Johnson and Polk counties (031) Cedar and Linn counties (032)
Monthly Premium: \$0 (011) \$22 (012) You also pay Part B monthly premium	Monthly Premium: \$37 (031) \$71 (032) You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Doctor Office Visit: \$25 primary care; \$50 specialist–in-network	Doctor Office Visit: \$25 primary caret; \$50 specialist–in-network
Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$295/day for days 1-5 per stay	Inpatient Hospital: \$295/day for days 1-5 per stay
Outpatient Surgery/Services: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit	Outpatient Surgery/Services: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit
Skilled Nursing Care: \$0 for days 1-20; \$150 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$150 each day for days 21-100
Diagnostic Lab Tests: 20% of the cost	Diagnostic Lab Tests: 20% of cost
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exam: No additional benefits	Annual Physical Exam: No additional benefits
Vision Services: \$0 (1 routine exam/year)	Vision Services: \$0 (1 routine exam/year)
Hearing Services: \$20 (1 routine exam/year)	Hearing Services: \$20 (1 routine exam/year)
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> Deductible - \$0 Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$5 – Tier 1 Preferred Generic Drugs \$12 – Tier 2 Non- Preferred Generic Drugs \$45 – Tier 3 Preferred Brand Drugs \$95- Tier 4 Non-Preferred Brand Drugs 33% - Tier 5 Specialty Tier Drugs Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Special Needs Plans – SNP

A Medicare Special Needs Plan is specially designed for people with certain chronic diseases and other specialized health needs. These plans must provide all Medicare Part A and Part B health care and services. They also must provide Medicare prescription drug coverage (Part D). Generally, they offer extra benefits and have lower copayments than Original Medicare.

Medicare Special Needs Plans offer services through a network of contracted hospitals, doctors and other providers. If the plan is a PPO you may be able to go outside of the plan's network to receive your care. You should check with your providers to make sure they will treat patients covered by the plan before you enroll.

Medicare Special Needs Plans available in Iowa are designed to meet the needs of people with chronic health conditions or receive Medicare and Medicaid benefits. Individuals who are considered to be Medicare and Medicaid eligible include those enrolled in a Medicare Savings Program such as QMB, SLMB and Q1.

A Medicare Special Needs Plan may help manage and coordinate the many services and providers its members use to help them stay healthy and follow their doctor's orders related to diet and prescription drugs and help coordinate coverage between Medicare and Medicaid.

Beneficiaries must be enrolled in Medicare Part A and Part B to enroll in a Special Needs Plan. This includes those on Medicare due to a disability. You must also meet each plan's specific enrollment criteria such as be in enrolled in Medicaid or have a diagnosis of diabetes or chronic heart failure. If you meet this criteria, you can enroll in the Special Need's Plan anytime during the year. They cannot have a waiting period for pre-existing conditions. The exception to this rule are those with End-Stage Renal Disease.

The following charts show what **you pay** when you enroll in a Special Needs Plan.

Care Improvement Plus Silver Rx PPO Health Plan for People with Chronic Heart Failure or Diabetes (H0084-014)	Care Improvement Plus Gold Rx PPO Health Plan for People with Chronic Heart Failure or Diabetes (H0084-004)
<i>XL Health Corporation</i> 1-800-547-5514 (TTY/TDD 711) www.CareImprovementPlus.com	<i>XL Health Corporation</i> 1-800-547-5514 (TTY/TDD 711) www.CareImprovementPlus.com
Service Area: Adair, Adams, Appanoose, Benton, Boone, Cass, Cedar, Clarke, Clinton, Crawford, Davis, Des Moines, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Henry, Iowa, Jasper, Jefferson, Johnson, Keokuk, Lee, Louisa, Lucas, Madison, Mahaska, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, Van Buren, Warren and Washington counties	Service Area: Adair, Adams, Appanoose, Benton, Boone, Cass, Cedar, Clarke, Clinton, Crawford, Davis, Des Moines, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Henry, Iowa, Jasper, Jefferson, Johnson, Keokuk, Lee, Louisa, Lucas, Madison, Mahaska, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, Van Buren, Warren and Washington counties
Monthly Premium: \$19.40 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Doctor Office Visit: 20% of the cost	Doctor Office Visit: \$20 primary care visit; \$50 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: Days 1-60: \$1,184 deductible; days 61-90: \$296 per day; days 91-150: \$592 per lifetime reserve day (2013 costs)	Inpatient Hospital: \$264/day for days 1-7 per stay
Outpatient Surgery/Services: 20% of the cost	Outpatient Surgery/Services: 20% of the cost
Skilled Nursing Care: \$0 for days 1-20; \$148 each day for days 21-100 (2013 costs)	Skilled Nursing Care: \$25 for days 1-20; \$152 each day for days 21-61; \$0 for days 62-100
Diagnostic Lab Tests: 20% of the cost	Diagnostic Lab Tests: \$13 for lab services
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Annual Physical Exam: N/A	Annual Physical Exam: N/A
Podiatry Services: \$0 (six routine visits per year)	Podiatry Services: \$50 (six routine visits per year)
Vision Services: \$0 (1 routine exam/year); \$0 for glasses & contacts up to \$125 limit every year	Vision Services: \$25 (1 routine exam/year); \$0 for glasses & contacts up to \$100 limit every year
Hearing Services: \$0 (1 routine exam/year); \$330 copay for each over the ear device & \$380 copay for each inner ear device; limit of 2 devices/yr	Hearing Services: \$20 (1 routine exam/year); \$330 copay for each over the ear device & \$380 copay for each inner ear device; limit of 2 devices every year
Transportation: \$0 copay for up to 18 one-way trips to plan approved location every year	Transportation: \$0 copay for up to 12 one-way trips to plan approved location every year
Dental: \$0 for each visit; benefits cover up to 1 oral exam, 1 cleaning and 1 X-ray every year	Dental: \$20 for each visit; benefits cover up to 1 oral exam, 1 cleaning and 1 X-ray every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$310 • After you pay the deductible and before your drug costs reach \$2,850, you pay: 25% • Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics. 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$0 • Before total drug costs reach \$2,850, you pay: <ul style="list-style-type: none"> \$4 – Generic Drugs \$9 – Non-Preferred Generic Drugs \$45 – Preferred Brand Drugs \$95 – Non-Preferred Brand Drugs 33% - Specialty Drugs • Coverage in the Gap: You pay 47.5% for brand drugs and 72% for generics.

Meridian Advantage Plan of Iowa HMO SNP Health Plan for People with Medicare and Medicaid (H5786-001)	
<i>Meridian Health Plan of Iowa, Inc.</i> 1-855-647-0075 (TTY/TDD 711) www.medicaremeridian.com	
Premiums, copays, coinsurance, and/or deductibles may vary based on the level of Extra Help you receive. Please contact the plan for more information.	
Service Area: Polk and Scott Counties	
Criteria: You must be enrolled in the Iowa Medicaid program with full benefits or QMB to join this plan.	
Monthly Premium: \$0 The Part B monthly premium is paid by the state for full dual-eligible individuals..	
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)	
Doctor Office Visit: \$0	
Emergency Room Visit: \$0	
Inpatient Hospital: \$0	
Outpatient Surgery/Services: \$0	
Skilled Nursing Care: \$0	
Diagnostic Lab Tests: \$0	
Durable Medical Equipment: \$0	
Annual Physical Exam: \$0 (1 exam/year)	
Hearing Services: \$0 for routine exams and hearing aids. \$600 annual limit for routine hearing exams and hearing aids	
Vision Services: \$0 routine vision exams and eyewear; \$220 annual limit on eyewear (eyeglasses and contact lenses).	
Over the Counter (OTC): \$25 monthly limit for items	
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible - • Depending on the Medicaid benefits you're receiving, you pay: <ul style="list-style-type: none"> \$0 to \$2.55 for Generic Drugs \$0 to \$6.35 for Brand drugs 	

Comparing Health Care Choices

Recording Your Out-Of-Pocket Costs:

Look at your health care experiences from the past year, or look ahead at health care you may need in the future. Estimate the costs you pay out-of-pocket.

Annual Health Care Services	Option 1: Original Medicare & Supplemental Plan	Option 2: _____	Option 3: _____	Option 4: _____
Part B Premium/year				
Plan Premium/year				
Doctor visits -your cost: Primary dr. visits # _____ Specialist visits # _____				
Hospital stays-your cost: # of stays and days/stay				
Prescription Drugs Generic: # _____ Brand: # _____				
Annual Cost for a Medicare Drug plan				
Other Services				
Total Out-Of-Pocket Cost For The Year				
Restricted provider list?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Which of your providers accept the plan?				
Limited coverage area?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Does plan handle claims?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Drug limits? Generic and brand differences? Limited pharmacies?				
Additional benefits offered by plan				

This publication has been created or produced by the Iowa Senior Health Insurance Information Program with financial assistance, in whole or in part, through a grant from CMS, the federal Medicare agency